

**Dartmouth Hitchcock Medical Center
American Heart Association**

BLS & ACLS & PALS Instructor Course Application Form - Page One
(this class covers all three disciplines)

(PLEASE PRINT)

Date: March 29 & 30 & 31, 2009

Last Name: _____ First Name: _____

Social Security Number: _____ **(circle one)** EMT-P, MD, RRT, RN
Other: _____

Work Company Name: _____

Department: _____

Job Title: _____

Work Mailing Address: _____
(Please include street, city, state, and zip)

Work Phone Number: (_____) _____
Area Code

Home Address : _____
(Please include street, city, state, and zip)

Home Phone Number: (_____) _____
Area Code

Cost: \$400.00
(make any check payable to: Life Support Programs)

Course Dates Mach 29 & 30 & 31, 2009

See Flyer for dates, times, and location.

Any questions and/or concerns can be directed to Stanley Liang by e-mail, at "Stanley.Liang@hitchcock.org", or by phone at 603-650-7989, Monday thru Friday, from 8:30 AM to 3:00 PM (except for holidays).

REFUND POLICY: Full refunds for cancellations received 2 weeks prior to program; 50% refund for cancellations received 1 to 2 weeks prior to program; NO REFUND for cancellations received less than 1 week prior to program. If course is cancelled, full refunds will be made promptly.

Dartmouth Hitchcock Medical Center
American Heart Association

BLS & ACLS & PALS Instructor Course Application Form - Page Two
(this class covers all three disciplines)

(PLEASE PRINT)

TO BE COMPLETED BY CANDIDATE

Name _____

Address _____
(Please include street, city, state, and zip)

Phone Home:(_____) _____ Work:(_____) _____
Area Code Area Code

Training Center _____

I would like to attend the Course scheduled for: **March 29 & 30 & 31, 2009**

"Enclose a copy of your current HCP/ACLS/PALS Provider Cards"

TO BE COMPLETED BY TRAINING CENTER COORDINATOR

Please comment on the candidate's ability to teach and demonstrate skills according to American Heart Association Standards.

PRINT NAME

Signature

Date
